MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02744

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RFD - Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bucktown

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge - RFD
STREET ADDRESS (If rural, give location): Bucktown

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) E. (Last) BAYNEUM

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Widowed	12-28-1863	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Tenant	Farming	Vienna, Maryland	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Rhoda Bayneum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Lewis H. Bayneum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 **Immediate cause** (a) Congestive Heart failure — Interval between onset and death: 7 days

93d **Antecedent cause(s)** Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio sclerosis, generalized — ?

(c) Senile

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing tn the death but not related to the disease or cnndition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar 24, 1950, to Mar 27, 1950, that I last saw the deceased alive on Mar 24, 1950, and that death occurred at 1:00 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James A. Thompson	M D	Cambridge Md	Mar 27 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-30-50	Bucktown Cemetery	RFD, Cambridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-29-50	John Mace, Jr., M.D.	Lewis H. Bayneum,	Cambridge, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02745

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hudson-RFD 3 | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hudson-RFD # 3
STREET ADDRESS (If rural give location) RFD # 3

3. NAME OF DECEASED (Type or Print): (First) MARGIE (Middle) ESTELLE (Last) BENNETT
4. DATE OF DEATH: (Month) March (Day) 17, (Year) 19 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/20/1892
9. AGE last birthday: 57 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerome Seward
14. MOTHER'S MAIDEN NAME: Ellen Rhea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Eugene Bennett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
260 Immediate cause	(a) Terminal Broncho-Pneumonia	36 hrs
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerotic Cardio-Vascular Renal Dis.	2yrs+
	(c) Diabetes Mellitus with acidosis	2yrs+

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 2yrs+

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2, 1949, to 3-17, 1950, that I last saw the deceased alive on 3-17, 1950, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eldridge H. Saffold — Cambridge Md. — 3-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3/20/1950 | NAME OF CEMETERY OR CREMATORY: Speddens Cemetery | LOCATION (City, town, or county) (State): James, Dor. Co., Maryland

DATE REC'D BY LOCAL REG.: March 28, 1950 | REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH · COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge. LENGTH OF STAY (in this place) 2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Franklin St.	STREET ADDRESS (If rural, give location) 205 Franklin St.

3. NAME OF DECEASED (Type or Print)	(First) Ella	(Middle) Kate	(Last) Bishop	4. DATE OF DEATH	(Month) Mar. (Day) 24 (Year) 1950
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 13, 1869	9. AGE last birthday 80 yrs.	If under 1 year Months 4 Days 11; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Joseph Baker		14. MOTHER'S MAIDEN NAME Mary Anne Williams.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. no.	17. INFORMANT AND ADDRESS Mrs. Lena Wheedleton Cambridge Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332x Immediate cause	(a) Cerebral thromboses, acute	5 days
83b Antecedent cause(s)	(b) Arteriosclerosis, generalized	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (1) Starvation (2) Dehydration

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Mar, 1950 that I last saw the deceased alive on March, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. A. Thompson	MD	Cambridge	Mar, 24, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/27/50	NAME OF CEMETERY OR CREMATORY Odd Fellows	LOCATION (City, town, or county) Bishopville (State) Md
DATE REC'D BY LOCAL REG. 3-29-1950	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR Anna A. Burbage	ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 31 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

02747

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge | LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital--One Week

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 703 Race Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) WesLey (Last) BRANNOCK
4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/23/1860
9. AGE last birthday: 89 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: House Building
11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Brannock
14. MOTHER'S MAIDEN NAME: Elizabeth McQuay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Fred Brannock-Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 2 YRS. (?)

(c) Senile Psychosis - Simple Deteriorated — 2 Yrs (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR. 20, 1950, to MAR. 28, 1950, that I last saw the deceased alive on MAR. 28, 1950, and that death occurred at 11 35 P m., from the causes and on the date stated above.

SIGNATURE: R. H. Blackwelder (Degree or title) M.D. ADDRESS: Eastern Shore State Hospital Cambridge Md. DATE SIGNED: 3-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3/31/1950 | NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: March 30, 1950 | REGISTRAR'S SIGNATURE: John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH · COUNTY: Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge - rural; LENGTH OF STAY (in this place): 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henderson
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital	STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) A.	(Last) Bright	4. DATE OF DEATH	(Month) 3 - (Day) 2 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): Widowed	8. DATE OF BIRTH: 8-2-1877	9. AGE last birthday: 72 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Waterman	10b. KIND OF BUSINESS OR INDUSTRY: ---	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: William Bright		14. MOTHER'S MAIDEN NAME: Mary Callahan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: ----	17. INFORMANT AND ADDRESS: Eastern Shore State Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	1-1/2 hrs.
593X Antecedent cause(s)	(b) Nephritis with Hypertension and Arteriosclerosis	3 mos.
132 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with Convulsive Disorder	50 yrs.?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8, 1948, to 3-2-, 1950, that I last saw the deceased alive on 3-2, 1950, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R G Blackwelder	MD	E.S.S.Hospital, Cambridge, Md.	3-2-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Mar. 5-1950	NAME OF CEMETERY OR ~~CREMATORY~~: Mt. Olive Cemetery	LOCATION (~~City, town~~, or county) (State): Kent County - Del.
DATE REC'D BY LOCAL REG.: 3-7-1950	REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.	24. FUNERAL DIRECTOR: (Mrs.) K. M. Boyer - Hasting	ADDRESS: Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1950
BUREAU V. S.

02749

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cambridge
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cambridge
STREET ADDRESS (If rural, give location) RFD #2

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Agnes (Last) Briscoe
4. DATE OF DEATH (Month) (Day) (Year) March 10, 1950
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 11 '49
9. AGE last birthday 0 yrs. If under 1 year Months 3 Days 29 If under 24 hrs. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Molock
14. MOTHER'S MAIDEN NAME Louise Briscoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Louise Briscoe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

273 X Immediate cause (a) Status Thymico Lymphaticus — INTERVAL BETWEEN ONSET AND DEATH 5 mins?

64 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS not PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Eldridge H. Wright M.D. (Degree or title) Asst. D.M.E. ADDRESS Cambridge Maryland DATE SIGNED 3-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-12-50
NAME OF CEMETERY OR CREMATORY Meekins Neck Cemetery
LOCATION (City, town, or county) (State) Golden Hill, Md.

DATE REC'D BY LOCAL REG. March 14, 1950
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Lewis H. Bayneum ADDRESS Cambridge, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MAR 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02750

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Cambridge
LENGTH OF STAY (in this place): 1yr-2mo.-30da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galena
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Henry (Last) Briscoe

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 8, 1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: William Albert Briscoe

14. MOTHER'S MAIDEN NAME: Bertha Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Records Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X Immediate cause (a) Cerebral Hemorrhage — 3/30/50

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis & Hypertension — 1948?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 1948?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1948, to Mar 30, 1950, that I last saw the deceased alive on Mar 30, 1950, and that death occurred at 5 30 P m., from the causes and on the date stated above.

SIGNATURE: R H Blackwelder (Degree or title): M.D. ADDRESS: Cambridge Maryland DATE SIGNED: 3/30/50

23. BURIAL, CREMATION REMOVAL (Specify): DATE: 4/2/50 NAME OF CEMETERY OR CREMATORY: Elkton, Cemetary LOCATION (City, town, or county) (State): Elkton, Md.

DATE REC'D BY LOCAL REG.: April 4, 1950 REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: Henry W. Pippin ADDRESS: Elkton, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS Route 2 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HIRAM (Middle) GORDY (Last) BRITTINGHAM
4. DATE OF DEATH (Month) March (Day) 3 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH September 1872
9. AGE last birthday 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Brittingham
14. MOTHER'S MAIDEN NAME Susan Gibbons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT AND ADDRESS Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage — 2 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 4 mo. ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Diagnosis: Senile Psychosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 1949, to Mar. 3, 1950, that I last saw the deceased alive on Mar. 3, 1950, and that death occurred at 11:05 a.m., from the causes and on the date stated above.

SIGNATURE R G Blackwelder (Degree or title) M.D. ADDRESS Eastern Shore State Hospital, Cambridge, Md. DATE SIGNED 3/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/5/50
NAME OF CEMETERY OR CREMATORY Friendship Cemetery
LOCATION (City, town, or county) East Princess Anne (State) Md

DATE REC'D BY LOCAL REG. March 6, 1950
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

02752

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY: Dorchester; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge R.F.D.
LENGTH OF STAY (In this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bayly Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge R.F.D. (Bayly Road)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Crudup
4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-5-1875
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm tenant
11. BIRTHPLACE (State or foreign country): Franklin Co., N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Lindsley Crudup

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	Instant
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace Jr. M.D. (Degree or title) Deputy Medical Examiner ADDRESS: Cambridge, Md. DATE SIGNED: 3/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-27-50
NAME OF CEMETERY OR CREMATORY: Acre Cemetery
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG.: March 28, 1950
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR: Lewis W. Baynum, Cambridge, Md. ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02753

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge rural
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN unknown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LUTHER (Middle) A. (Last) DAVIS

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married(?)

8. DATE OF BIRTH: 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): iron moulder

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Davis

14. MOTHER'S MAIDEN NAME: Isabella Way

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral arteriosclerosis — Interval Between Onset and Death: 5 years ?

434.3 Antecedent cause(s)

95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac hypertrophy

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Diagnosis: Dementia Praecox, Heb.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1948, to March 27, 1950, that I last saw the deceased alive on March 27, 1950, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. L. Blackwelder M.D. Eastern Shore State Hospital, Cambridge 3/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/29/50 | NAME OF CEMETERY OR CREMATORY: State Hospital Cem. | LOCATION (City, town, or county) (State): Cambridge, Maryland.

DATE REC'D BY LOCAL REG.: March 30, 1950 | REGISTRAR'S SIGNATURE: John Macv, Jr., M.D. | 24. FUNERAL DIRECTOR ADDRESS: LE COMPTE'S FUNERAL SERVICE CAMBRIDGE, MARYLAND. 33899

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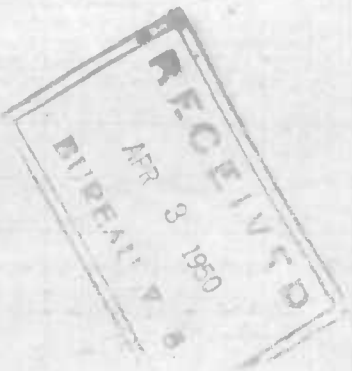
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APR 3 1950
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02754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fishing Creek — LENGTH OF STAY (in this place): 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fishing Creek
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Job Washington Dean
4. DATE OF DEATH (Month) (Day) (Year): 3 16 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-24-67
9. AGE last birthday: 82 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Barren Island, Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John Dean
14. MOTHER'S MAIDEN NAME: Malissa (last Name unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Clifton Dean - Fishing Creek Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Mouth — 6 years

144X Antecedent cause(s)

45C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1944, to Mar 16, 1950, that I last saw the deceased alive on Mar 16, 1950, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James W. Meade, M.D. — ADDRESS: Fishing Creek, Md — DATE SIGNED: Mar 17/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-18-50 — NAME OF CEMETERY OR CREMATORY: Greenlawn — LOCATION (City, town, or county) (State): Cambridge Md.

DATE REC'D BY LOCAL REG.: Mar 17/50 — REGISTRAR'S SIGNATURE: James W. Meade — 24. FUNERAL DIRECTOR: Kenneth R. Thomas — ADDRESS: Cambridge Md

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 21 1950
BUREAU OF

02755

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 1 yr 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) PEARSON (Last) DRYDEN

4. DATE OF DEATH (Month) 3 (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/11/70
9. AGE last birthday 79/6/25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel M. H. Dryden
14. MOTHER'S MAIDEN NAME Ann M. Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS McCartis F. Hitch Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	2 yrs (?)
	(c) Cardiac Hypertrophy	2 yrs (?)

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95 c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1948 to 3-5-, 1950, that I last saw the deceased alive on 3-5, 1950, and that death occurred at 3 45 A. m., from the causes and on the date stated above.

SIGNATURE R G Blackwelder (Degree or title) M.D. ADDRESS Cambridge, Maryland DATE SIGNED 3-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 8/50
NAME OF CEMETERY OR CREMATORY Whatcoat
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 3-8-50
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Clay E. Timmis ADDRESS Snow Hill, Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1950
BUREAU V. S.

02756

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 17 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) FREDERICK	(Middle) J.	(Last) DUKES	4. DATE OF DEATH (Month) March 9 (Day) (Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 11/14/78	9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Frederick Dukes		14. MOTHER'S MAIDEN NAME Mary (?) Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Eastern Shore State Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
334 X Immediate cause	(a) Cerebral Arteriosclerosis	1 yr. plus
Antecedent cause(s)		
95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Hypertrophy	17 days(?)
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mental Diagnosis: Psychosis with Cerebral Arteriosclerosis.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1950, to Mar. 9, 1950, that I last saw the deceased alive on Mar. 9, 1950, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R G Blackwelder	M.D.	E.S.S.H., Cambridge, Md.	3/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 11/50	Spring Hill	Girdletree	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-13-1950	John Mace, Jr., M.D.	Alay E. Lemmis	Snow Hill, Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 13 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02757

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: DORCHESTER · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CAMBRIDGE
LENGTH OF STAY (in this place): 50 YEARS (1 DAY)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CAMBRIDGE MD. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CAMBRIDGE
STREET ADDRESS (If rural give location): RACE ST., Ext'd.

3. NAME OF DECEASED (Type or Print): (First) GREENSBURY (Middle) (Last) DUNN

4. DATE OF DEATH: (Month) MARCH (Day) 16, (Year) 1950.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: 3/7/1874

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER-GEN.-RET.

10b. KIND OF BUSINESS OR INDUSTRY: GENERAL LABOR

11. BIRTHPLACE (State or foreign country): ST. MARYS CO., MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. MATHIAS DUNN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MR. WALTER DUNN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: one week

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1948, to 16 MAR, 1950, that I last saw the deceased alive on 16 MAR., 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter E. Hurley Jr. M.D. Cambridge Md. 3-17-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 3/18/1950
NAME OF CEMETERY OR CREMATORY: DORCHESTER MEMORIAL PK.
LOCATION (City, town, or county) (State): CAMBRIDGE, MARYLAND

DATE REC'D BY LOCAL REG.: March 22, 1950
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: LE COMPTE'S FUNERAL SERVICE
CAMBRIDGE, MARYLAND.

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RECEIVED
MAR 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02758

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (In this place): 10 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 102 Hayward Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 102 Hayward Street

3. NAME OF DECEASED (Type or Print): (First) BERTIE (Middle) MALISSA (Last) EWELL

4. DATE OF DEATH: (Month) March (Day) 24, (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/13/1885

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Dayton

14. MOTHER'S MAIDEN NAME: Arletta Harrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Sylvia Elliott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X — Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 18 mos.

61 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic mellitus. Gall bladder disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR., 1948, to 17 MAR. 1950 that I last saw the deceased alive on 17 MAR., 1950 and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE: Walter E. Grumbine (Degree or title) M.D. ADDRESS: Cambridge DATE SIGNED: 3-25-50 Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/26/1950

NAME OF CEMETERY OR CREMATORY: Elliotts Churchyard

LOCATION (City, town, or county) (State): Elliotts, Dor. Co., Md.

DATE REC'D BY LOCAL REG.: March 28, 1950

REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland.

RECEIVED
MAR 30 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02759

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY: Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cambridge
LENGTH OF STAY (in this place): 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Trappe R.F.D.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Arthur (First) Louis (Middle) Fehsenfeld (Last)
4. DATE OF DEATH (Month) (Day) (Year): March 31 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 28 1887
9. AGE last birthday: 62 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Albert G. Fehsenfeld
14. MOTHER'S MAIDEN NAME: Sarah J. Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Robert Fehsenfeld, Trapp RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Myocardial Failure	4 hours
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Rectal Fistulae

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1949, to 2/31, 1950, that I last saw the deceased alive on 2/31, 1950, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE: W. T. S. Banks M.D. (Degree or title)
ADDRESS: Cambridge Md
DATE SIGNED: 3/31/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Apr 3-50
NAME OF CEMETERY OR CREMATORY: Louden Park
LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG.: April 1, 1950
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR: Kenneth R. Thomas
ADDRESS: Cambridge Md.

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APR 3 1950
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Dr. W. H. Hanks

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02760

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
LENGTH OF STAY (in this place) 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacktown RFD # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
STREET ADDRESS (If rural give location) Town Point RFD # 1

3. NAME OF DECEASED (Type or Print) (First) MATTHEW (Middle) (Last) HARDING

4. DATE OF DEATH (Month) (Day) (Year) March 11, 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/19/1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William C. Harding
14. MOTHER'S MAIDEN NAME Virginia Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Howard Harding

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 6 days

352x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

83d (c) Residual Hemiplegia Rt.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1950, to 3/11, 1950, that I last saw the deceased alive on 3/12, 1950, and that death occurred at 11:00 p m., from the causes and on the date stated above.

SIGNATURE W. H. Hanks (Degree or title) M.D. ADDRESS Cambridge, Md DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/14/1950
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. March 16, 1950
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service

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RECEIVED
DEC 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02761

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Moore's Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 7 Moore's Ave.

3. NAME OF DECEASED (Type or Print): (First) WINNIE (Middle) (Last) HENSON
4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Aug 17, 1895	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Henson
14. MOTHER'S MAIDEN NAME: Harriet Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Sarah B. Henson (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 Immediate cause (a) Malignant Tumor of Bladder — Interval between onset and death: 6 mos.

52b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-50, 19..., to 3-27-50, 19..., that I last saw the deceased alive on 3-25-50, 19..., and that death occurred at 7:30 A. m. 3-27-50, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold M. Wilson, M.D. 300 Main St. Cambridge, Md 3-27-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 30 1950	Bethel Cemetery	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 30, 1950	John Mace, Jr., M.D.	Herbert M. St. Clair, Jr.	Cambridge, Md

98844

VS. A15

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APR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02762

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek; LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York
STREET ADDRESS (If rural, give location) 327 West 52nd Street

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) HOLMES (Last)

4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 18, 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months 8, Days 27; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Private Family

11. BIRTHPLACE (State or foreign country): New York City, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Holmes

14. MOTHER'S MAIDEN NAME: Kate Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service) 1918

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Kate Holmes, New York, N. Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	5 mins.
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 3-16-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/17/50
NAME OF CEMETERY OR CREMATORY: Long Island National
LOCATION (City, town, or county) (State): New York City, New York

DATE REC'D BY LOCAL REG.: March 21, 1950
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS: Herbert M. St. Clair, Jr. Cambridge, Maryland

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MAR 29 1950
BUREAU

Dr. H. Brown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02763

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Cambridge
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hudson-RFD # 3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Cambridge
STREET ADDRESS (If rural give location): Hudson-RFD # 3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERNEST		HUBBARD	March 22, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	5/4/1882	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Seafood	Dorchester Co., Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theodore Hubbard	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Nellie Bennett Hubbard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
481 × Immediate cause	(a) Acute Coronary occlusion	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	3 days
94a II	(c) Chronic Broncho Asthma	50 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/19, 1950, to 3/22, 1950, that I last saw the deceased alive on 3/22, 1950, and that death occurred at 8.30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hugh Brown	M D	Cambridge	3/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/24/1950	Greenlawn Cemetery	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 28, 1950	John Mace, Jr., M.D.	LeCompte's Funeral Service Cambridge, Maryland.

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RECEIVED
MAR 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02764

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

1. PLACE OF DEATH
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elwood		Hughes	March	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	Nov. 1, 1936	13 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Student	Public School	Hurlock, Maryland	U.S.A.

13. FATHER'S NAME: Daniel Hughes

14. MOTHER'S MAIDEN NAME: Lula Quarles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Daniel Hughes, Hurlock, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
481 X Immediate cause	(a) Acute Cardiac Decompensation	One week
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Right Hemiplegia (old)	Unknown
	(c) Dyslalia	2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 23, 1950, to March 29, 1950, that I last saw the deceased alive on March 28, 1950, and that death occurred at 5:05 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. O. Meredith	M.D.	Cambridge, Maryland	March 29, 1950

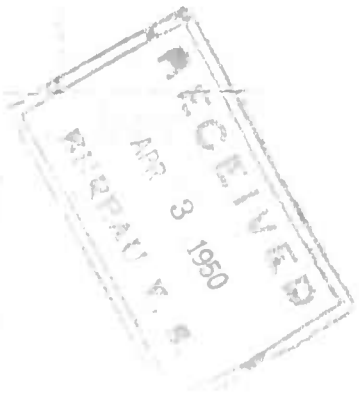
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 1, 1950	Washington Cemetery	near Hurlock, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 1, 1950	John Mace, Jr., M.D.	J. J. Frampton and Son	Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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02765

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

Dr. E. E. Wolff

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Cambridge; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sewards-RFD # 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge; STREET ADDRESS (If rural give location) Sewards-RFD # 1

3. NAME OF DECEASED (Type or Print): (First) BLANCHE (Middle) SHORTER (Last) INSLEY

4. DATE OF DEATH: (Month) March 11, (Day) (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/20/1875

9. AGE last birthday: 74 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Shorter

14. MOTHER'S MAIDEN NAME: Anna Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Prettyman Trego

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 week apox.
442* Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) arteriosclerotic Cardiovascular Disease	3 to 8 yrs.
	(c) arteriosclerosis, generalized & Cerebral	3 yrs apox

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-, 1948, to 3-11, 1950, that I last saw the deceased alive on 3-9, 1950, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eldridge H. Wolff M.D. Cambridge, Md. 3-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/13/1950

NAME OF CEMETERY OR CREMATORY: Insley Family Cemetery

LOCATION (City, town, or county) (State): Sewards, Dor. Co., Md.

DATE REC'D BY LOCAL REG.: March 22, 1950

REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

RECEIVED
MAR 29 1950
BUREAU T. S.

02766

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Moore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Moore Ave

3. NAME OF DECEASED (Type or Print) (First) Tomas (Middle) (Last) Jackson

4. DATE OF DEATH (Month) (Day) (Year) March 2, 1950

5. SEX Mal

6. COLOR OR RACE Colard

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Feb 1, 1880

9. AGE last birthday 70 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm Nail

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Dablie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure, etiology unknown. — INTERVAL BETWEEN ONSET AND DEATH 3 mos.

434.1 Antecedent cause(s)

93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Est. Mar. 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE U Thompson (Degree or title) M.D. ADDRESS Cambridge DATE SIGNED Mar 7, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3-7-1950

NAME OF CEMETERY OR CREMATORY Silantel City

LOCATION (City, town, or county) (State) Cambridge Md

DATE REC'D BY LOCAL REG. March 7, 1950

REGISTRAR'S SIGNATURE John Macis Jr., M.D.

24. FUNERAL DIRECTOR Lewis H Baymen ADDRESS

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1950
BUREAU V. S.

02767

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock - Rural
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elwood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock - Rural
STREET ADDRESS (If rural, give location) Elwood

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Jenkins

4. DATE OF DEATH (Month) March (Day) 7 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH March 3, 1950

9. AGE last birthday — yrs. If under 1 year Months. Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Roland Jenkins

14. MOTHER'S MAIDEN NAME Ernestine E. Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Roland Jenkins, Hurlock, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) inanition — INTERVAL BETWEEN ONSET AND DEATH 4 days

773.5

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last (b) prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1950, to 3/7, 1950, that I last saw the deceased alive on 3/6, 1950, and that death occurred at 6 p. m., from the causes and on the date stated above.

SIGNATURE W C Harrison MD (Degree or title) ADDRESS Hurlock Md DATE SIGNED 3/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE March 8, 1950

NAME OF CEMETERY OR CREMATORY Johns Cemetery

LOCATION (City, town, or county) (State) Near Preston, Maryland

DATE REC'D BY LOCAL REG. March 8-1950

REGISTRAR'S SIGNATURE Chas. W. Hastings

24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md. ADDRESS

1-0-3-03-0-29-9-40-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Birth Weight 3 1/3 oz.

RECEIVED
MAR 10 1950

02768

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East New Market — LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Baker (Last) Johnson
4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 4/19/1858
9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Baker
14. MOTHER'S MAIDEN NAME: Margaret Dean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: William C. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X Immediate cause (a) Carcinoma of Stomach — 3 MON.

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 FEB, 1950, to 11 MAR, 1950, that I last saw the deceased alive on 8 MAR 1950, and that death occurred at 9 P m., 11 MAR. from the causes and on the date stated above.

SIGNATURE: Walter E. Grunty Jr. (Degree or title) M.D. — ADDRESS: Cambridge Md. — DATE SIGNED:

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 3/14/50 — NAME OF CEMETERY OR CREMATORY: East New Market — LOCATION (City, town, or county): East New Market, Dor. (State) Md

DATE REC'D BY LOCAL REG.: 3/13/50 — REGISTRAR'S SIGNATURE: Elizabeth C Smith — 24. FUNERAL DIRECTOR: C. B. Willoughby — ADDRESS: East New Market, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 119

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wingate — LENGTH OF STAY (in this place) Entire Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wingate
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) James (Last) Jones

4. DATE OF DEATH: (Month) Mar (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-17-77

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wingate

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Edw. Jones

14. MOTHER'S MAIDEN NAME: Amanda Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Edw J. Jones, Wingate, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Myocardial failure — unknown

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal decompensation 6 months

(c) Arterio sclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1950, to 3/15, 1950, that I last saw the deceased alive on 3/12, 1950, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lawrence Mangayer M.D. Cambridge, Md 3/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 3-17-50 | NAME OF CEMETERY OR CREMATORY: James Family Cemetery | LOCATION (City, town, or county) (State): Wingate Md

DATE REC'D BY LOCAL REG.: Mar 17 1950 | REGISTRAR'S SIGNATURE: Wilson D Pritchett | 24. FUNERAL DIRECTOR — ADDRESS: Kenneth R. Stronde, Cambridge Md

OCOVV

RECEIVED
APR 3 1950
BUREAU V. S.

02770

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 65 Years One Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 211 Belvedere Avenue

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) RICHARD (Last) JONES
4. DATE OF DEATH (Month) March (Day) 7, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/26/1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer-Trial Magistrate
10b. KIND OF BUSINESS OR INDUSTRY Law
11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles W. Jones
14. MOTHER'S MAIDEN NAME Laura 'Jones'
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Christina Jones (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 21 hours

491 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral Bronchopneumonia — 3 days?

107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kyphosis Thoracic Vertebrae

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1950, to 3/7, 1950, that I last saw the deceased alive on 3/7, 1950, and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Clarks M.D. ADDRESS Cambridge Md. DATE SIGNED 3/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/9/1950
NAME OF CEMETERY OR CREMATORY Christ Church Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REG. March 10, 1950
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR LeCompte's Funeral Service ADDRESS Cambridge, Maryland.

25693

RECEIVED
MAR 13 1950
BUREAU V. S.

Dr. Walter Gunby

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

02771

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 311 Henry Street

3. NAME OF DECEASED (Type or Print) (First) BETTY (Middle) FRANCIS (Last) KIMMEY

4. DATE OF DEATH (Month) (Day) (Year) March 23, 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 10/22/1930

9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles McGlaughlin

14. MOTHER'S MAIDEN NAME Edith Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr. Donald E. Kimmey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 K Immediate cause (a) NEPHRITIS WITH UREMIA

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131 b (b) CHRONIC NEPHRITIS WITH NEPHROSIS

(c) INFECTIOUS DIARRHEA.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 DEC, 1947, to 23 MAR, 1950, that I last saw the deceased alive on 22 MAR, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE Walter E. Gunby Jr. (Degree or title) M.D. ADDRESS 205 Church St Cambridge Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/25/1950

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk

LOCATION (City, town, or county) (State) Cambridge Maryland

DATE REC'D BY LOCAL REG. March 28, 1950

REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland

RECEIVED
MAR 30 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02772

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 41 Verne Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) LeCompte
4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11-28-1864
9. AGE last birthday: 85 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dress-maker
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Bassett
14. MOTHER'S MAIDEN NAME: Elizabeth Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension and Arteriosclerosis — 10 yrs.?

447 / 97 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, Simple Deterioration — since 1940

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18, 1948, to 3-2, 1950, that I last saw the deceased alive on 3-2, 1950, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
R. H. Blackwelder M.D. — E.S.S.Hospital, Cambridge, Maryland — 3-2-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/4/1950 — NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: March 27, 1950 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

#4606

VS-A15

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MAR 29 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02773

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH
COUNTY: DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GALESTOWN (RURAL)
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GALESTOWN RFD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GALESTOWN (RURAL)
STREET ADDRESS (If rural give location): GALESTOWN (RURAL)

3. NAME OF DECEASED (Type or Print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
EDWIN	T.	MASSEY	MARCH	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	OCTOBER 16, 1876	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARM OWNER	FARMING	DELAWARE	USA

13. FATHER'S NAME: SHEPHARD MASSEY

14. MOTHER'S MAIDEN NAME: ZELDA KNOWLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	NONE	MR. ELWOOD MASSEY – SHARPTOWN MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442X Immediate cause	(a) Uremia	6 wks.
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio-renal disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to Mar 3, 1950, that I last saw the deceased alive on Mar. 3, 1950, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Leland Fox	M.D.	Seaford Del.	Mar 4, 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7 MARCH 1950	ODD FELLOWS CEMETERY	SEAFORD DELAWARE

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 6-1950	Chas. H. Hastings	MEDFORD L. WATSON	SEAFORD-DEL.

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MAR 8 1950
BUREAU V. S.

02774

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
LENGTH OF STAY (in this place) 88 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Elizabeth (Last) McAllister
4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Aug. 3, 1861
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework - (ret.)
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Holder
14. MOTHER'S MAIDEN NAME Margaret Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Sen. J. Otis McAllister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Coronary occlusion	1/2 hr.
93d	Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 1946 to 3/26, 1950, that I last saw the deceased alive on 3/26, 1950, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE Laurence Maryanov (Degree or title) M.D. ADDRESS Cambridge, Md DATE SIGNED 3/27/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 3/28/50 NAME OF CEMETERY OR CREMATORY Vienna LOCATION (City, town, or county) Vienna, Dor. (State) Md.

DATE REC'D BY LOCAL REG. Mar 28 - 50 REGISTRAR'S SIGNATURE Elizabeth W. Craft
24. FUNERAL DIRECTOR F. B. Willoughby ADDRESS E. New Market

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1950
BUREAU V. S.

Evidence for change of age shown on:

02775

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

FHM No. G 125 APR 12 1950

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) one week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Elizabeth (Last) McGinn

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 8 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Harvey Whitely

14. MOTHER'S MAIDEN NAME: Mary Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Harvey Hossick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 10 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Myocardial Failure.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

331x

61

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12, 1950, to 3/19, 1950, that I last saw the deceased alive on 3/19, 1950, and that death occurred at 12:08A m., from the causes and on the date stated above.

SIGNATURE W. T. Hanks (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 3/19/50.

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 3/21/50 NAME OF CEMETERY OR CREMATORY New Lady Good Council LOCATION (City, town, or county) Secretary, Dor, (State) Md

DATE REC'D BY LOCAL REG. March 28, 1950 REGISTRAR'S SIGNATURE John Mace, R.M.S.

24. FUNERAL DIRECTOR: Luck S. Willoughby ADDRESS East New Market, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MAR 30 1950
BUREAU V. S.

02776

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH · COUNTY: Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Don
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): 1/2 hour	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) Girl (Last) McMurphy

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 3-21-50

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Lloyd McMurphy

14. MOTHER'S MAIDEN NAME: Marie Edgar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Marie E. McMurphy - Cambridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prematurity	1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

776x

159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1950, to 3/21, 1950, that I last saw the deceased alive on 3/21, 1950, and that death occurred at 2 30/A m., from the causes and on the date stated above.

SIGNATURE: Lawrence Manganor (Degree or title) M.D. ADDRESS: Cambridge, Md. DATE SIGNED: 3/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-21-50 — NAME OF CEMETERY ~~OR CREMATORY~~: Cambridge — LOCATION (City, town, or county): Cambridge (State): Md

DATE REC'D BY LOCAL REG.: 4-27-1950 — REGISTRAR'S SIGNATURE: John Mace, Jr. — 24. FUNERAL DIRECTOR: Kenneth L. Thomas, Cambridge Md. ADDRESS:

2-0-3-21-0-28-5-25-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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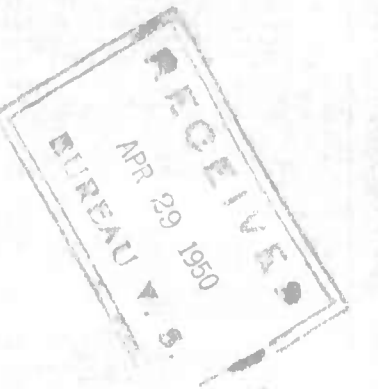
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BUREAU U. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02777

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD# 1	STREET ADDRESS (If rural give location) RFD # 1

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) (Last) MILLS			4. DATE OF DEATH (Month) (Day) (Year) March 19, 1950		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12/7/1868	9. AGE last birthday 81 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Owner	10b. KIND OF BUSINESS OR INDUSTRY Dirt		11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Mills			14. MOTHER'S MAIDEN NAME Sally Shorter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	17. INFORMANT Mr. George Mills		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151x Immediate cause (a) Carcinoma Stomach (Extensive) ?

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION 2/4/50	19b. MAJOR FINDINGS OF OPERATION Extensive Carcinoma Stomach X Ray Study	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1950, to 3/19, 1950, that I last saw the deceased alive on 3/19, 1950, and that death occurred at about 3 A m., from the causes and on the date stated above.

SIGNATURE W. T. Blanks (Degree or title) Md — ADDRESS Cambridge Md — DATE SIGNED 3/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/21/1950	NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REG. March 28, 1950	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR LeCompte's Funeral Service Cambridge, Maryland.	ADDRESS

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MAR 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02778

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: DORCHESTER — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WILLIAMSBURG — LENGTH OF STAY (in this place): 10 MTHS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WILLIAMSBURG

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CAMBRIDGE
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ORVILLE	T.	MOWBRAY	MARCH	6,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	4/27/1859	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	LUMBER MILL	CAMBRIDGE, MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ORVILLE MOWBRAY	MARY MARSHALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO		MRS. ANNIE PAUL MOWBRAY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion — 334X	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis generalized & Cerebral — 94a	6 yrs+
(c) Senility - Senile psychosis	6 yrs+
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	6 yrs+

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ ~~Not While~~ At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 12-27, 1949, to March 6, 1950, that I last saw the deceased alive on 2-22, 1950, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldridge H. Wolfard	M.D.	Cambridge, Md.	3-8-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	MAR. 8, 1950	EAST NEW MARKET CEM.	EAST NEW MARKET,	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 14, 1950	John Mace, Jr., M.D.	LeCOMPTE'S FUNERAL SERVICE	CAMBRIDGE, MARYLAND 98809

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MAR 15 1950
BUREAU V. S.

02779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH · COUNTY: Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge-Md. Hospital	STREET ADDRESS (If rural, give location): 10 Holland Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sallie Mulliken			4. DATE OF DEATH (Month) (Day) (Year): March 24 1950		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: About 1875	9. AGE last birthday: 74 yrs.	If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Own home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Cryer			14. MOTHER'S MAIDEN NAME: Amelia Jane Carroll		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None		17. INFORMANT: Mrs. Chas. Hines		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral hemorrhage	4 days
	Antecedent cause(s)		
83a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unknown
		(c) arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 21, 1950, to Mar 24, 1950, that I last saw the deceased alive on Mar 23, 1950, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alfred R. Marzenor	M.D.	136 Race St, Cambridge	3/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Mar 27-50	NAME OF CEMETERY OR CREMATORY: Bamberry	LOCATION (City, town, or county) (State): Trappe Rural Talbot Co
DATE REC'D BY LOCAL REG.: 3-29-50	REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.	24. FUNERAL DIRECTOR: Warren E. Hennamoson	ADDRESS: Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1950
BUREAU V. S.

02780

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge, Md Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 8 Fairmount Avenue

3. NAME OF DECEASED (Type or Print) (First) NEZEDIA (Middle) (Last) PERRY

4. DATE OF DEATH (Month) March (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 25, 1892

9. AGE last birthday: 58 yrs. — If under 1 year: Months 1, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isiah Roberts

14. MOTHER'S MAIDEN NAME: Jane Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Percy Perry, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia

252 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension c̄ paralysis of right side

83d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1950, to 3-4, 1950, that I last saw the deceased alive on 3-4-, 1950, and that death occurred at 9 $\frac{05}{PM}$ m., from the causes and on the date stated above.

SIGNATURE: S. E. Brady Jr. MD (Degree or title) — ADDRESS: 232 Cedar St. — DATE SIGNED: Cambridge, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 9, 1950 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: March 7, 1950 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.S. — 24. FUNERAL DIRECTOR — ADDRESS: Herbert M. St. Clair, Jr. Cambridge, Md

RECEIVED
OCT 9 1950
BUREAU V. S.

Dr. W. E. Gunby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02781

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Academy Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 205 Academy Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSIE	REESE	RICHARDSON	March 12, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	4/16/1875	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Dorchester Co., Maryland	USA

13. FATHER'S NAME: James E. Reese

14. MOTHER'S MAIDEN NAME: Eliza Covey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Jennie Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 MIN.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11 MAR, 1950, to 12 MAR, 1950, that I last saw the deceased alive on 11 MAR., 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE Walter E. Gunby Jr (Degree or title) M.D. ADDRESS Cambridge, Md. DATE SIGNED 3-13-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/14/1950	Cambridge Cemetery	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 27, 1950	John Mace Jr., M.D.	LeCompte's Funeral Service Cambridge, Maryland.

RECEIVED
MAR 29 1950
BUREAU F. S.

02782

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 2 wks., 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
STREET ADDRESS (If rural, give location) 431 DORCHESTER AVE.

3. NAME OF DECEASED (Type or Print) (First) ~~Minnie~~ MARY (Middle) E. (Last) Richardson.

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 1-15-1866
9. AGE last birthday 84 yrs. If under 1 year: Months 2, Days —; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John W. Sewell
14. MOTHER'S MAIDEN NAME Fanny Haddaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. George Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Metastatic carcinoma, lungs.

163x Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Terminal Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH: 4 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1950, to March 15, 1950, that I last saw the deceased alive on 3-17, 1950, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE Albert C. Bunker (Degree or title) M.D. ADDRESS Cambridge, Md. DATE SIGNED March 16 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-18-50
NAME OF CEMETERY OR CREMATORY Sherwood
LOCATION (City, town, or county) (State) Sherwood, Maryland

DATE REC'D BY LOCAL REG. March 17, 1950
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Maryland

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02783

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale, Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale, Md. Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Peggy (Middle) J. (Last) Rideout

4. DATE OF DEATH: (Month) March (Day) 1" (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Aug. 11" 1949

9. AGE last birthday: ____ yrs. If under 1 year: Months 6, Days 20. If under 24 hrs.: Hours ____, Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Milton Rideout

14. MOTHER'S MAIDEN NAME: Pearl Dee Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mrs Milton Rideout, Rhodesdale, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Atypical Pneumonia — Interval Between Onset and Death: 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): 412X

(c): 109

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Feb. 21, 1950, to Mar. 1, 1950, that I last saw the deceased alive on Mar. 1, 1950, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

SIGNATURE: U C Harrison (Degree or title): MD ADDRESS: Hurlock, Md DATE SIGNED: 3/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 2" 1950 — NAME OF CEMETERY OR CREMATORY: Reids Grove Cemetery — LOCATION (City, town, or county) (State): Reids Grove, Md.

DATE REC'D BY LOCAL REG.: March 2-1950 — REGISTRAR'S SIGNATURE: Chas. H. Hastings

24. FUNERAL DIRECTOR ADDRESS: S. S. Frampton & Son - Federalsburg, Md.

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RECEIVED
MAR 7 1950
NUPAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02784

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Cambridge
LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): Spring Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) David (Last) Shockley

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1950

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 13, 1875

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY: Former owner

11. BIRTHPLACE (State or foreign country): Wicomico Co. Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John H. Shockley

14. MOTHER'S MAIDEN NAME: Elizabeth Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Records-Eastern Shore State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3/29/50

830 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Arteriosclerosis — 1950?
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Senile Psychosis — Feb. 1950?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1950, to May 29, 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 7.10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

R G Blackwelder M.D. Cambridge Maryland — 3/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: April 1-50 — NAME OF CEMETERY OR CREMATORY: Parsons Cem. — LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG.: March 30, 1950 — REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: Holloway & Holloway — ADDRESS: Salisbury Md

William R. Holloway

RECEIVED
APR 3 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02785

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 1 mo - 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Stevens

4. DATE OF DEATH: (Month) Mar. (Day) 26, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Aug. 3 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William W. Stevens

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Martha E. Hopkins Cordova

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X Immediate cause (a) Generalized arteriosclerosis — Interval Between Onset and Death: 17 (?)

Antecedent cause(s)

87c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic arthritis — 5 yrs ?

(c) Parkinsonism — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1950, to 3-26-, 1950, that I last saw the deceased alive on 3-26, 1950, and that death occurred at 3:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R G Blackwelder M.D. SSS Hospital, Cambridge, Md. 3-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3/29/50 | NAME OF CEMETERY OR CREMATORY: Asbury | LOCATION (City, town, or county): Easton Md | (State): Md

DATE REC'D BY LOCAL REG.: 3-29-50 | REGISTRAR'S SIGNATURE: John Mace, Jr. M.D. | 24. FUNERAL DIRECTOR: Newnam N.E. | ADDRESS: Easton Md

VS. A15

000 VV

RECEIVED
MAR 31 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02786

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 328 Washington St

3. NAME OF DECEASED (Type or Print): (First) HERMAN (Middle) HARRIS (Last) Todd
4. DATE OF DEATH: (Month) Mar (Day) 8 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-4-1888
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Electric Co
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Lakesville, Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Todd
14. MOTHER'S MAIDEN NAME: Lorena Tolwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-07-7564
17. INFORMANT AND ADDRESS: Mrs. Esther W. Todd 328 Washington St Cambridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary occlusion	3 days
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary sclerosis	2 yrs.
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1950 to March 8, 1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 9:45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Laurence Manyamor M.D. Cambridge, Md. 3/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-12-50
NAME OF CEMETERY OR CREMATORY: East New Market
LOCATION (City, town, or county) (State): East New Market Md.

DATE REC'D BY LOCAL REG.: March 10, 1950
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR: Kenneth R. Lowder — ADDRESS: Cambridge Md.

VK 58

RECEIVED
MAR 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02787

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reids Grove
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rhodesdale - Vienna Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford
STREET ADDRESS (If rural, give location) 17 Spruce Street ✓

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Preston (Last) Turpin
4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	June 9, 1925	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor foreman
10b. KIND OF BUSINESS OR INDUSTRY: Concrete Contractor
11. BIRTHPLACE (State or foreign country): Hurlock, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Turpin
14. MOTHER'S MAIDEN NAME: Mattie Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) World War II
16. SOCIAL SECURITY NO. 222-14-0002
17. INFORMANT: J. Francis Turpin, Federalsburg, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
822.5 Immediate cause	(a) Fracture base of skull	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 170 C	(b) Fracture cervical vertebrae	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Reids Grove (COUNTY) Dor. (STATE) Md.

TIME OF INJURY (Month) 3 (Day) 5 (Year) 50 (Hour) 1a m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto struck ditch and overturned.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD Deputy Medical Examiner
ADDRESS Cambridge, Md.
DATE SIGNED 3/6/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 7, 1950	Bethel Cemetery	Near Federalsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 7-1950	Chas. W. Hastings	J. J. Frampton and Son	Federalsburg, Md.

15669

RECEIVED
MAR 10 1950
PENTAGON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02788

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock | LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Lavenia (Middle) Isabella (Last) Waddell

4. DATE OF DEATH: (Month) Mar (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: 3/28/1852

9. AGE last birthday: 97 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elisha Price

14. MOTHER'S MAIDEN NAME: Lavenia Bonnu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Fred L. Waddell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
332	Immediate cause	(a) Cerebral Thrombosis	2 weeks
83b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	5 yrs +
		(c) senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1950, to 3/10, 1950, that I last saw the deceased alive on 3/10, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
W C Harrison MD | Hurlock, Md | 3/13/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
3/13/1950 | Washington | Hurlock Dor. Md.

DATE REC'D BY LOCAL REG. 3/13/50 | REGISTRAR'S SIGNATURE Chas. W. Hastings | 24. FUNERAL DIRECTOR | ADDRESS
F. B. Willoughby | East New Market Md

VS. A15

RECEIVED
APR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02789

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cahurch Creek
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lakesville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Church Creek
STREET ADDRESS (If rural, give location) Lakesville

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNIE	MAY	WALLACE	March 25, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	10/5/1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Dorchester Co., Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Wilson	Eliza Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mr. Harry Wallace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
480 X Immediate cause	(a) Bronco-Pneumonia - Secondary	2 Days
33a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza,	10 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death hut not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
no m.		

22. I hereby certify that I attended the deceased from Mar 15, 1950, to Mar 25, 1950, that I last saw the deceased alive on Mar 25, 1950, and that death occurred at 8 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James D. Meade, M.D.	Fishing Creek Md	3/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/28/1950	St. Mary's Cemetery	Golden Hill, Dor. Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar 26/50	James D. Meade,	DeCompte's Funeral Service Cambridge, Maryland

RECEIVED
MAR 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02790

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) 45 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge, Md. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural, give location) 6 Fairmount Ave

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) (Last) Waters

4. DATE OF DEATH: (Month) Mar (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb. 10, 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min. 0 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop

11. BIRTHPLACE (State or foreign country): Upper Hill, Som. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Waters

14. MOTHER'S MAIDEN NAME: Laura Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-16-4848

17. INFORMANT AND ADDRESS: Lula Conoway, Cambridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Myocardial failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic cardiovascular disease	3 yrs.
(c)		

402.1

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25/ , 1950, to 3/2/50, 1950, that I last saw the deceased alive on 3/2/50, 1950, and that death occurred at 12.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Cambridge, Md. 3/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/4/50

NAME OF CEMETERY OR CREMATORY: Waugh Cemetery

LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG.: March 6, 1950

REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr. ADDRESS: Camb., Md.

9889

RECEIVED
AUG 8 1950
BUREAU V. R

Evidence for change in #4 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02791

FILM No. G 125 APR 28 1950

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Water Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna; STREET ADDRESS (If rural, give location) Water Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLAY	McALLISTER	WEBB	March ~~28~~ 29 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	6/22/1888	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Food Canner & Farmer	Canned Food	Vienna, Maryland	USA

13. FATHER'S NAME: Albert Webb

14. MOTHER'S MAIDEN NAME: Mary Jane McAllister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT: Mr. Clay M. Webb, Jr., Vienna, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
776X Immediate cause	(a) Pistol bullet wound heart	5 min.
164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Vienna	Dor.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
March 28-50 4.20 p.m.		Self inflicted.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Deputy Medical Examiner	M.D.	Cambridge, Md.	3/30/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/31/1950	Vienna Cemetery	Vienna, Dor. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 1, 1950	John Mace, Jr., M.D.	LeCompte's Funeral Service Cambridge, Maryland

496X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 3 1950
BUREAU V. S.

Dr. E. E. Wolff

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

02792

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (In this place): 40 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 110 Robbins Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 110 Robbins Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	CALVERT	WILLEY	March 11, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	7/1/1901	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Union Officer	Labor Union	Dorchester Co., Maryland	USA

13. FATHER'S NAME: Martin L. Willey

14. MOTHER'S MAIDEN NAME: Mary Catherine Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	214-07-9364	Mr. Morris Willey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
916.0 Immediate cause	(a) Asphixia due to Smoke	5 Hrs.
181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Cambridge	Dorchester	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
March 11th 1950, 5:10 P.m.		Explosion of Illuminating Gas Stove Resultant Fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldridge H. Woff	Md. Asst. Dep. M. Ex.	Cambridge, Md	3-12-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/12/1950	Dorchester Memorial Pk	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 14, 1950	John Mace, Jr., M.D.	LeCompte's Funeral Service Cambridge, Maryland

13294

RECEIVED
MAR 15 1960
BUREAU V

02793

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 129 Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge Md
STREET ADDRESS (If rural, give location): 114 Washington St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): James Henry Wing Jr
4. DATE OF DEATH (Month) (Day) (Year): Mar 17 1950

5. SEX: male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: Aug 14 1949
9. AGE last birthday: 7 mo yrs. — If under 1 year: Months — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Cambridge Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James H Wing
14. MOTHER'S MAIDEN NAME: Dorthy M Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: J M Wing Camb, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute bronchopneumonia — 14 days

491 X Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17, 1950, to Mar 17, 1950, that I last saw the deceased alive on Mar 17, 1950, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE: Alfred R. Maryenov, (Degree or title) M.D. — ADDRESS: 136 Race St, Cambridge, Md — DATE SIGNED: 3/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar 20 — NAME OF CEMETERY OR CREMATORY: Christ Rock — LOCATION (City, town, or county): Christ Rock (State): MD

DATE REC'D BY LOCAL REG.: March 27, 1950 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D. — 24. FUNERAL DIRECTOR: Lewis H Bayneum — ADDRESS:

2-0-8-13-9-18-2-40-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1950
BUREAU U. S.

02794

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishops Head
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bishops Head

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishops Head
STREET ADDRESS (If rural give location) Bishops Head

3. NAME OF DECEASED (Type or Print) (First) HARRISON (Middle) (Last) WOODLAND
4. DATE OF DEATH (Month) (Day) (Year) March 13, 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/ /1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Seafood
11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Woodland
14. MOTHER'S MAIDEN NAME Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Bichell Ruark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	2 min
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	unknown
93d	(c) Arterio sclerotic H. D	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1950, to 3/13, 1950, that I last saw the deceased alive on 3/12, 1950, and that death occurred at 6 45 p.m., from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov (Degree or title) M.D. ADDRESS Cambridge, Md. DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/15/1950
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk
LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REG. March 17, 1950
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland

900 VI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02795

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) 54yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 High St. (Home)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dorchester COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 313 High St.

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Woolford

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Aug. 12, 1872 | 9. AGE last birthday: 77 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Taylor's Island, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Clark | 14. MOTHER'S MAIDEN NAME: Susan Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Lemuel Woolford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute myocardial failure	Less than 30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 yrs
443 X 93d	(c) Hypertensive Cardiovascular Disease	1yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 19[illegible], to 3-12, 1950, that I last saw the deceased alive on 3-8, 1950, and that death occurred at 1:25 P.M., 3-12-50 from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold M. Wilson	M.D.	300 Main St. Cambridge, Md	3-14-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 15 1950	Bethel Cemetery	Cambridge Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 17, 1950	John Mace, Jr., M.D.	Herbert M. St. Clair, Jr.	Cambridge Md

RECEIVED
MAR 21 1950
BUREAU OF S.